

EXHIBIT 7

BRAVERY IS:

THE AUDACITY TO BE
UNHINDERED BY FAILURES,
AND TO WALK WITH FREEDOM,
STRENGTH, AND HOPE, IN THE
FACE OF THINGS UNKNOWN.

- Morgan Harper Nichols



You are stronger than you think.

Believe in yourself! You've got this & we've got your back

Local support contact information here

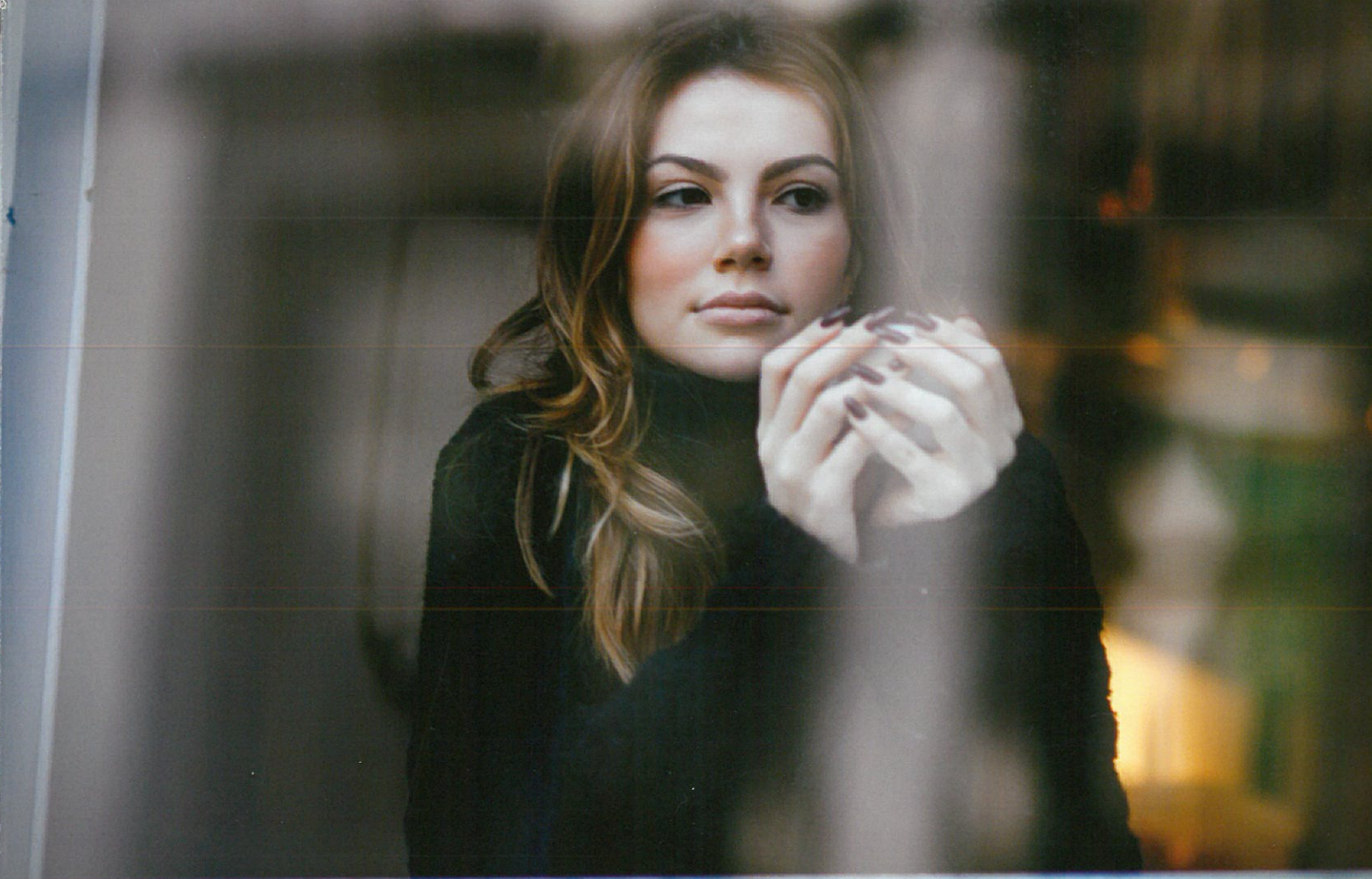
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BEFORE YOU DECIDE

ED. 3.1

CHOOSE WITH CONFIDENCE | GET THE FACTS FIRST



BE INFORMED | BE EMPOWERED | BE STRONG
B4YOUDECIDE.ORG



“ ”

May grace & peace be your comfort in the wild storm of changing things.

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REAL QUESTIONS | REAL ANSWERS



Q1 How do I tell them? - Courtney, age 20

Telling your loved ones about your pregnancy can be scary. You may expect them to react in a certain way but their responses could still surprise you.

Consider telling your partner first, especially if you are in a healthy relationship. Look for an undistracted time to share the big news. Tell him about what you are thinking and feeling. Ask him to share his thoughts and feelings with you too. Some people need space to process their emotions before sharing.

If that's your guy, give him the extra time he needs and talk about it more later. Your family may be disappointed, or even angry, to hear about your pregnancy. They have hopes and dreams for your future, and they probably want the very best for you. Remember, the idea of your pregnancy will be new to them and they may need time to express their feelings and choose their best response.

Consider working with your local pregnancy center or a supportive friend to make a plan for telling others about your pregnancy. Show your loved ones that you are mature by telling them about your future plans. Explain how you hope to handle pregnancy-related decisions. Invite them to help you in practical ways, even if they don't initially support your choice.

Q2 Do I have to choose between my baby and my future? - Jade, age 17

Some people may tell you that you can't achieve your dreams if you have a baby now. But why not? Sometimes the best changes in life are unplanned. What if you can be strong enough to realize your dreams and flexible enough to adapt to unexpected circumstances?

Hey, we all need help sometimes and you may have more support than you think. Many women have found the resources and courage they need to make positive choices and live without regrets.



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Q 3 What if my partner won't support me?
— Allison, age 24

Women who chose abortion often say they didn't feel like they had enough support to have their baby.¹ If that's you, talk with your partner about your decision. Share your true thoughts and feelings and consider asking your partner to get counseling with you.

Sometimes support can come from unexpected places. If you know you can't rely on your partner, where else can you turn? Family and friends, as well as your faith community or a local pregnancy center, may have resources that will be helpful to you. Take the time to explore all your options.



Q 4 What can I do about people pressuring me?
— Tessa, age 18

Being strong can be hard, but this is your decision and you will be most affected by the choice you make. It isn't legal for anyone to force you to make the decision they want.²

If someone is pressuring you to make a quick decision, explain your needs and try to involve them in counseling to explore your positive options. There is help available if someone is trying to force you to get an abortion.

HOW CAN I BE SURE I'M PREGNANT?

 missed period	 feel like throwing up sometimes	 tender breasts
 more tired than normal	 peeing more often	 more mood swings

Although not everyone experiences these signs, the symptoms above are commonly associated with early pregnancy.³ If you've missed your period and have been sexually active, it's time to take a pregnancy test. Most tests are very reliable, but only a physician or other appropriate healthcare professional can confirm that you are pregnant.

WHY SHOULD I CONFIRM MY PREGNANCY?

A significant number of early pregnancies end on their own in miscarriage.⁴ An ultrasound exam can confirm that your pregnancy is in the uterus and is living. This information is helpful whatever choice you are considering: abortion or continuing with your pregnancy.

P.s. Look out!

Throughout this magazine, be on the look out for some of the elements below: they are available to help you really think through & process the information presented. At the end of the day, you decide what happens to you and your baby. But before you decide, know your options, & get the facts. To get helpful information about your options: **b4youdecide.org**

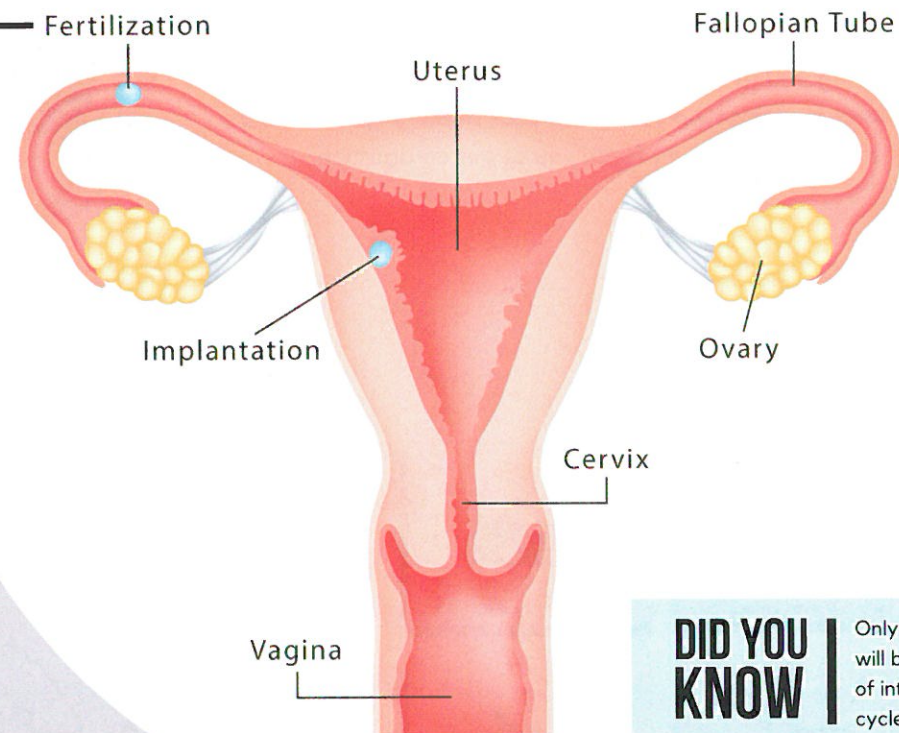
DID YOU KNOW | & WHAT DO YOU THINK |

UNDERSTANDING THE Female BODY

Being healthy is important & so is understanding how your body works when pregnancy begins.

FEMALE REPRODUCTIVE SYSTEM

The first week of human development takes place during the journey from the fallopian tube (where fertilization occurs) to the uterus where the embryo implants. Lots of growth happens during this time, settling the question of whether there is life, but some disagree about when this human life becomes a person.



DID YOU KNOW

Only eight out of one hundred women will become pregnant after a single act of intercourse during the middle of their cycle (when ovulation occurs).⁵

WHEN DOES PREGNANCY BEGIN?

Years ago, the medical community redefined the beginning of pregnancy from the time of fertilization to when an embryo implants in the uterus.⁶ Whatever definition you use, the scientific reality is that when the sperm and egg unite and fertilization occurs, the genetic make-up of a unique human is established. That person is already a he or a she. Their hair and eye color are established.⁷

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I HAD UNPROTECTED SEX... Now WHAT?



What is emergency contraception (EC)? Often called the “morning-after pill,” EC is intended to prevent pregnancy after known or suspected contraceptive failure, unprotected intercourse, or forced sex. EC may prevent the new life from implanting in the uterus, ending a very early pregnancy, rather than preventing the pregnancy altogether.⁸

PLAN B ONE-STEP™⁹

Plan B One-Step™ is a single pill that contains a large amount of a progesterone hormone (levonorgestrel) found in some birth control pills. It is recommended to be taken within 72 hours of sex.

How does it work?¹¹ It works primarily by preventing the egg and sperm from meeting. It may also prevent a newly formed life from implanting in the uterus and continuing to develop. This ends the life and is an abortifacient effect. However, Plan B One-Step cannot disrupt an implanted pregnancy.

What are the side effects?¹² They may include changes in your period, nausea, lower abdominal pain, tiredness, headache, and dizziness. If your period is more than a week late, you may be pregnant. It should not be used as a routine form of birth control because it isn't as effective.

Women who experience severe abdominal pain after taking the drug may have an ectopic (tubal) pregnancy, and should get immediate medical help.

How well does it work? Since there are only a handful of days each month when pregnancy is possible, many take EC when it will have zero impact on pregnancy risk.

Studies on effectiveness come down to an educated guess and confirm that earlier estimates were overstated and conclude that “it is more effective than nothing.”¹³ A systematic review of 14 studies about EC (a total of 13,000 women) concluded that increased access increases its use, but was not shown to reduce unintended pregnancy rates.¹⁴

What else should I know? There is limited long-term information on the safety of using this drug frequently over long periods of time.¹⁵

Should I take it? Consider the cost, your likelihood of becoming pregnant, and its effectiveness, and potential to interrupt the development of a new life. It's your choice.

ELLA®¹⁰

ella® (ulipristal) is a progesterone-blocking hormone intended for use within five days of unprotected sex or contraceptive failure. It is not to be used in the case of known or suspected pregnancy.

How does it work? First, ella® may reduce the chance of pregnancy by preventing or postponing ovulation. It may also work by preventing an embryo from implanting in the uterus and developing further, which is a form of early abortion.¹⁶

Can it abort an attached pregnancy? Unlike Plan B, ella® is a chemical cousin to the abortion pill Mifeprex™. Both share the progesterone-blocking effect of disrupting the embryo's attachment to the uterus, causing its death.¹⁷ The impact on existing pregnancies was not tested in women, however a higher dose of ella® did cause abortions in pregnant animals, including monkeys, and carries the same potential in humans.¹⁸

How effective is it? It is to be used only once during a menstrual cycle. If used as directed, ella® is reported to reduce the chance of pregnancy but it is not always effective.¹⁹

What are the side effects? The most common adverse reactions to ella® include headache, nausea, abdominal pain, menstrual cramps, tiredness, and dizziness.²⁰

What are the risks? Women who experience abdominal pain after using ella® should be evaluated right away for an ectopic pregnancy, which can be very dangerous and even life-threatening without medical attention.²¹

ella® may not be as effective if taken with certain drugs, or may change the effectiveness of those drugs.²² Much is unknown about the drug, including its effect on women who are under 18, already pregnant, or breast-feeding.²³ The effect on pregnancies that continue after using ella® is also unknown.²⁴

HOW DO PLAN B ONE-STEP™ AND ELLA® DIFFER?

	PLAN B ONE-STEP™	ELLA®
PREVENT FERTILIZATION	Yes	Yes
MAY PREVENT IMPLANTATION*	Yes	Yes
MAY DISRUPT ATTACHED BABY*	No	Yes

*Form of abortion

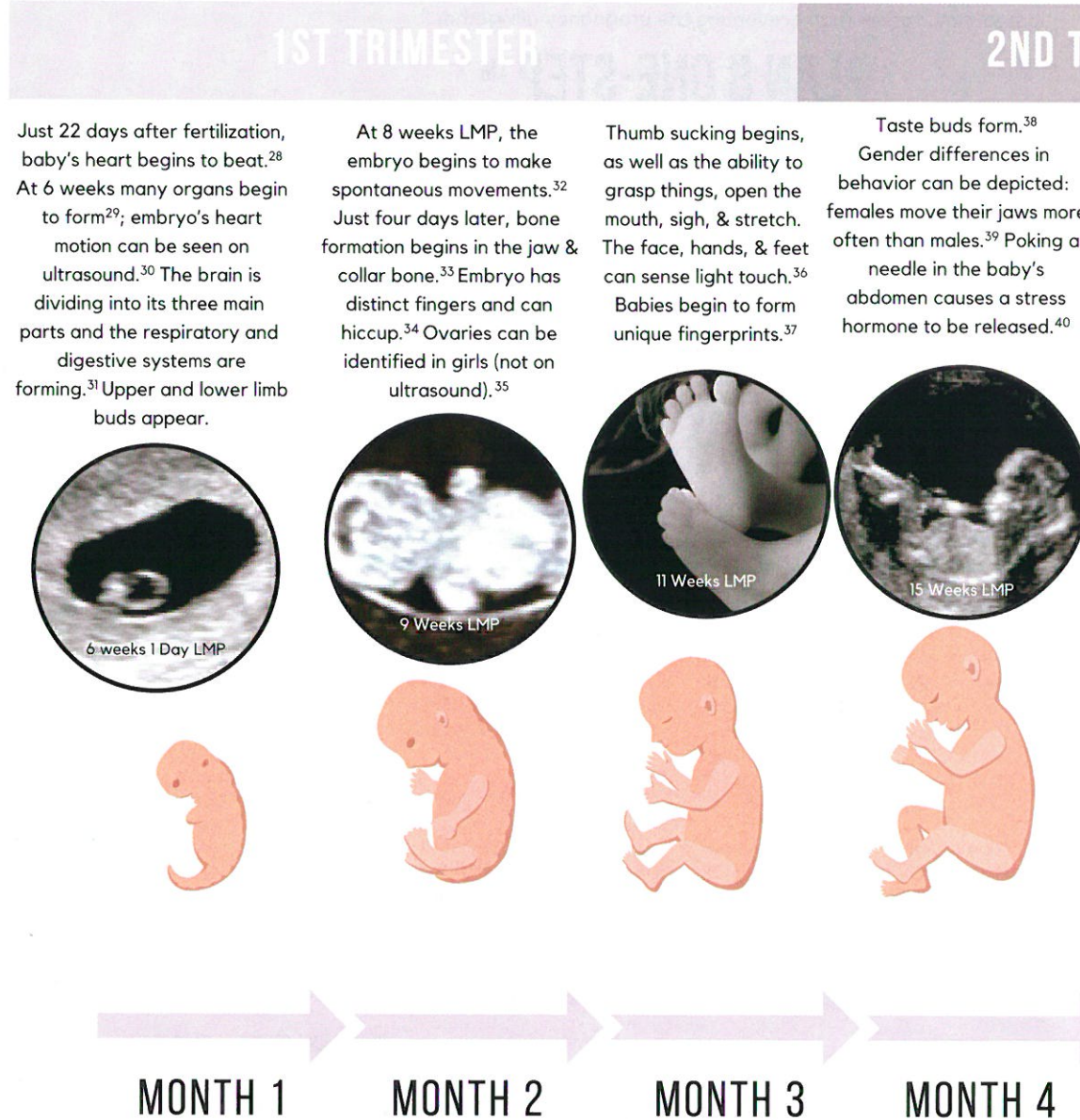
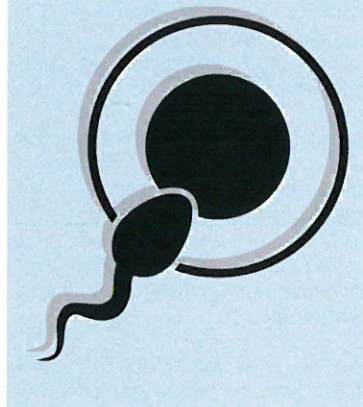
DID YOU KNOW

All forms of EC have the potential to prevent a new life from implanting in the uterus. This is not a contraceptive effect, but abortive, resulting in the embryo's death.²⁵

FETAL DEVELOP

GROUND ZERO CONCEPTION

A unique individual comes into existence. Their gender, hair and eye color are established.²⁶ During the first 7 days, the new life continues to grow & develop as it makes the journey to the uterus. It is loaded with stem cells full of potential: ready to form every part of their body.²⁷



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MENT TIMELINE

DID YOU KNOW

The baby's heart begins pumping just 22 days after fertilization (5 wks LMP). This is just one week after a missed period.⁴⁷

1ST TRIMESTER

3RD TRIMESTER

Baby can perceive pain⁴¹; hair begins to grow.⁴² The inner ear is fully developed & the fetus can respond to a growing range of sounds.⁴³



21 Weeks LMP

This is considered the age of viability because survival becomes possible for babies born around this point.⁴⁴



© Sound Wave Images 40 24 Weeks LMP

The baby can produce tears.⁴⁵



© Sound Wave Images 40 30 Weeks LMP

Babies put on weight in the last few weeks of development.⁴⁶



Baby has reached full term and is ready to be born!



MONTH 5

MONTH 6

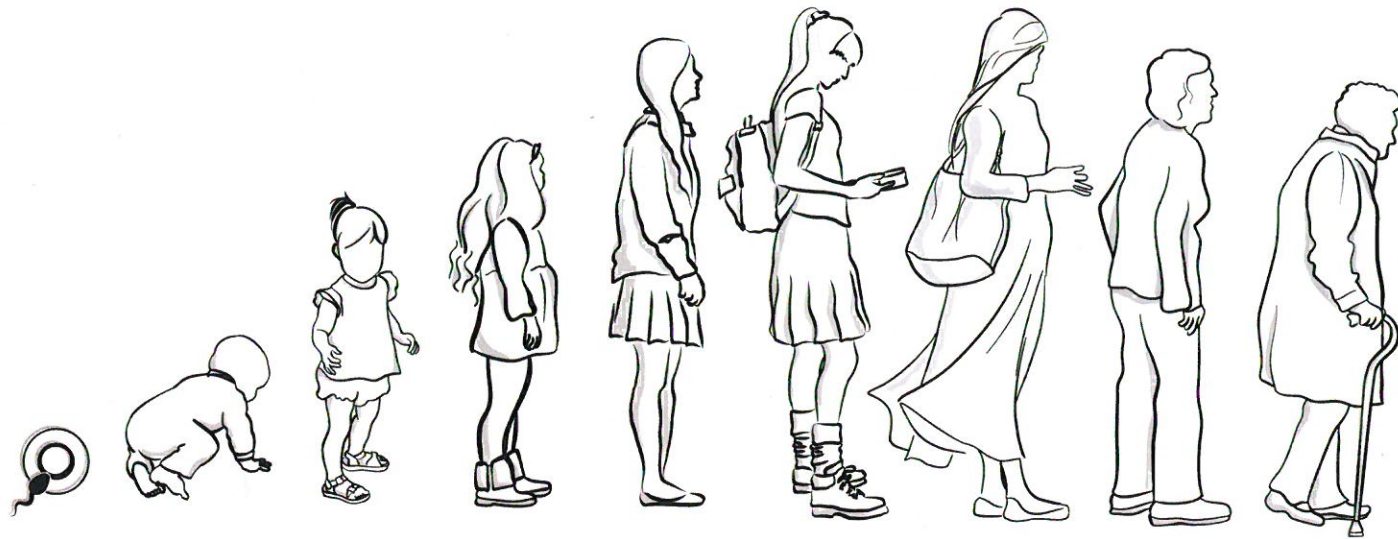
MONTH 7

MONTH 8

MONTH 9

LIFE IS A JOURNEY

Life is a continuum. For each of us, it starts the same: when the dad's sperm and mom's egg combine, a unique life comes into existence! When we look at a newborn baby, we tend to think that her life "just began" the day she was born. But that's not how it works. Her life started at that magical moment when two unique sets of DNA came together to form the next generation of the family. People get excited about finding out about their ancestry because we all want to know where we came from. Stop for a minute and consider the immense power that is contained in the life of a newly created human being. Every person on the planet grew from a single cell to their current form and size. Interrupting the human journey can have intense and often unexpected spiritual and emotional impacts. Ask yourself: do you have to be a certain size, live in a certain place, or possess a certain amount of intelligence to be considered a human being?





WHERE DO I DRAW



WHAT DO YOU THINK | When did you become a person?

my DECISION GUIDE

Use this worksheet to evaluate your top three options. List pros and cons of each option below.

	 PROS WHY I SHOULD CHOOSE THIS OPTION	 CONS WHY I SHOULDN'T CHOOSE THIS OPTION
1.		
2.		
3.		

Now, take all the things you wrote in your positive lists and put them in order from most important to least important:

Do the same with everything in your negative lists:

MOST IMPORTANT
↑
↓
LEAST

WHAT DO YOU THINK IS THE BEST OPTION FOR YOU? _____

WHO WILL SUPPORT YOU IN YOUR CHOICE? _____

WHAT KIND OF PARENTING PLAN DO YOU WANT TO MAKE?

Being a good parent is hard. It takes **STRENGTH, COURAGE, & MATURITY.**

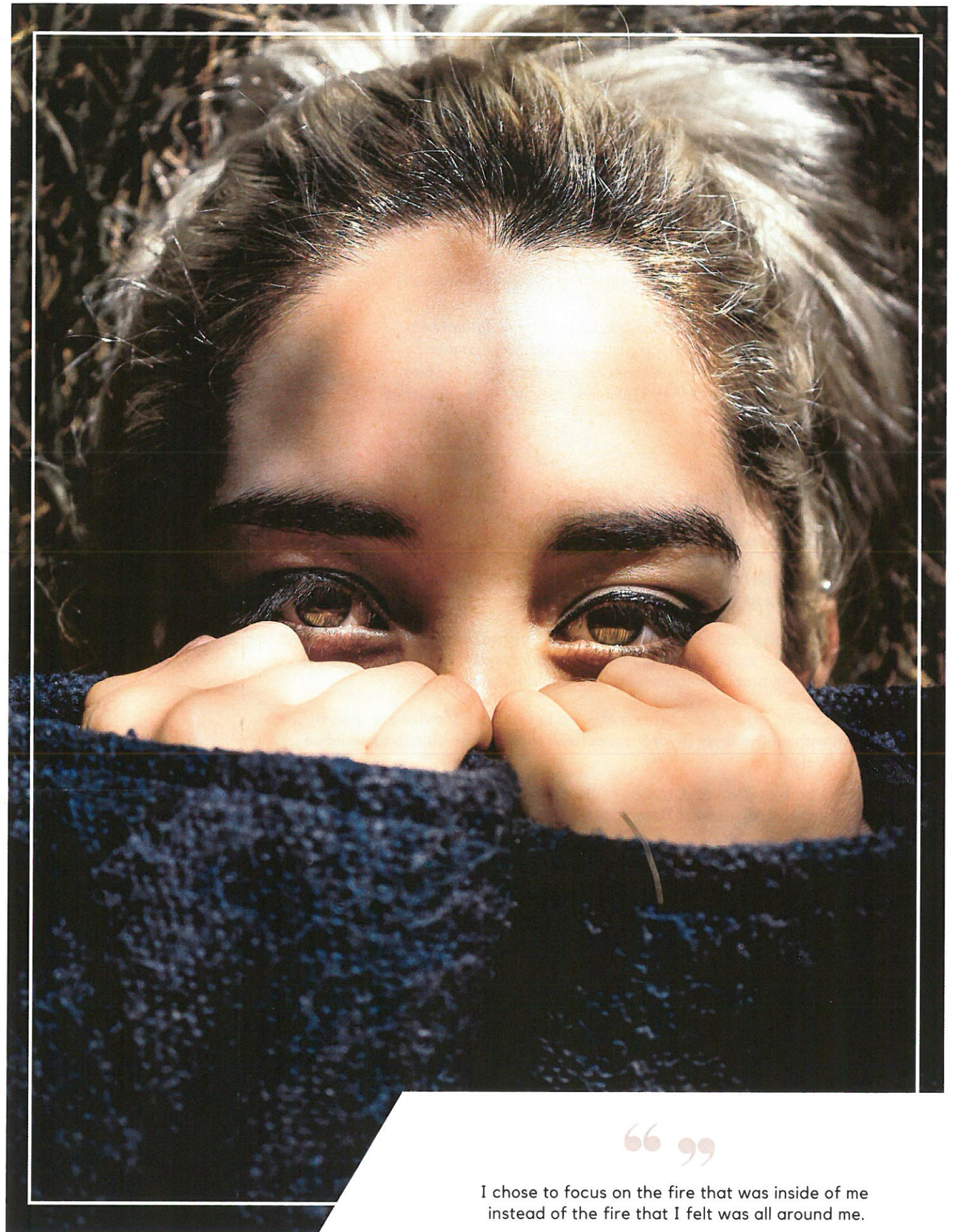
But giving someone else the chance to become their own person can bring so much

joy!

ASK YOURSELF:

- ☐ Have I done all the research I want to do?
- ☐ What thought or emotion is motivating me?
- ☐ Who will support me in my decision?
- ☐ What choice is most consistent with my values?
- ☐ Do I feel like I will have to hide my decision from others?
- ☐ Does this decision help me become the person I want to be?
- ☐ Am I confident about my decision?

HOW YOU USE YOUR STRENGTH IS UP TO YOU. MAKE YOUR BEST CHOICE!



“ ”

I chose to focus on the fire that was inside of me instead of the fire that I felt was all around me.

CAN THE FETUS FEEL PAIN?

Scientists continue to debate when an unborn baby begins to feel pain. Some argue that the fetus is only capable of an involuntary reaction to pain. However, considerable research supports that not only do babies experience pain before birth, but they feel it intensely and it impacts their life after birth.⁴⁸

Consider this:

- While some scientists say fetal perception of pain isn't possible until 22 weeks gestation (LMP), recent studies by experts point to the fetus' ability to experience pain at least by 15 weeks gestation, if not sooner.⁴⁹
- A needle placed in the baby's abdomen at 22 weeks LMP causes her to react with vigorous body movements.⁵⁰
- Fetal surgeons routinely administer sedation and anesthesia specific for the baby, so that the baby doesn't move, produces less stress hormones,⁵¹ and to prevent long-term developmental problems caused by "remembering" pain.⁵²
- Some say a specific layer of the brain is needed to feel pain. If this were true, then babies born without this layer (hydranencephaly) shouldn't be able to experience pain, but they do.⁵³
- Like an infant born prematurely, human fetuses have unique ways of processing and feeling pain, which are different from adults.⁵⁴

WHAT ARE MY CHOICES?

Now that you understand how a tiny human grows inside a woman's body, it's time to consider your parenting options:⁵⁵

- ☐ Abortion
- ☐ Raising my baby
- ☐ Adoption

You have the legal right to choose the outcome of your pregnancy. REAL empowerment comes when you find the strength and resources to make your BEST choice.

WHAT DO YOU
THINK

When should we start protecting someone who might be able to feel pain?



IS SOMEONE PRESSURING YOU TO ABORT?

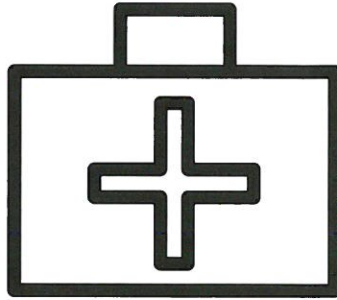
You have the legal right to decide the outcome of your pregnancy. No one can legally force or coerce you to have an abortion you don't want. Talk with someone who will respect your choice. Get the help you need.

Not sure how serious your situation is? Need to talk with an expert?

National Domestic Violence Hotline: 1(800)799-7233
National Human Trafficking Hotline: 1(888)373-7888

UNPLANNED PREGNANCY

Survival Kit



YOU ARE STRONGER THAN YOUR CIRCUMSTANCES

Sometimes pregnancy comes at a time when your entire life seems to be spinning out of control. Experts say that in a crisis, there are several important ways to care for yourself:¹⁷⁰

- Refrain from making major life decisions.
- Regularly do something healthy that you enjoy.
- Get enough food, water, and sleep.
- Find emotional and spiritual support.
- Maintain social connections with safe people.
- Journal or record a video about your experience (for only you to see).
- Consider getting professional counseling from someone who can help you process what you've been through.

DID YOU KNOW

If being pregnant is too overwhelming to consider, you have options. Talk with someone at your local pregnancy center and get the help you need.

Some people may tell you what they think you should do but it is important to take responsibility for your own life. Before you follow someone else's advice, ask yourself, do I believe this is the best thing for me to do right now? If not, take your time to make a healthy choice. Going through trauma is not a good reason to make a decision that harms you or someone else.¹⁷¹

Others may have hurt you terribly. Your pregnancy may even be the result of a sexual encounter you didn't choose. It's not your fault. You can make healthy choices that protect yourself, and your baby, starting now.

You may be tempted to want to escape your circumstances because of feeling scared, sad, or maybe even hopeless. No matter what is going on, it's important to remember: you are stronger than your circumstances. And you don't have to go through this alone.

IN A VIOLENT RELATIONSHIP?

You didn't cause the violence and you can't change an abusive person. Pregnant women, including women considering abortion, may be at higher risk for experiencing violence from an intimate partner.¹⁷² Learn more about the patterns in abusive relationships and make your own choice to be safe.

7 SIGNS OF AN UNHEALTHY RELATIONSHIP¹⁷³

DO ANY OF THESE DESCRIBE YOUR RELATIONSHIP WITH YOUR PARTNER?

- When there is a disagreement, you are always wrong and he is always right.
- You fear bringing up a subject that is important to you because he might get really angry.
- He uses alcohol or drugs a lot. After he has been drinking or using, he can't remember what he said or did to you.
- He tries to control your access to money, who you spend time with, where (or whether) you work, how you dress, or how you act.
- You feel bad about yourself because he calls you names, makes fun of you, or views you as stupid, ignorant, or incompetent.
- He lies to you or cheats on you.
- He promises to change but he doesn't.

Often, people stay in unhealthy relationships because they feel they really love the other person and they hope things will change for the better. Some relationships do change with a little work and counseling, but if your partner is unwilling to get outside help or wants you to keep the problems in your relationship a secret, that may be a sign that he doesn't really want to change. Remember, someone who really loves you will treat you with respect, kindness, and patience. He will be honest with you and value your thoughts and feelings. And, of course, he won't be violent or force sex on you.

ABORTION

A PARENTING OPTION?

SAY WHAT?

Every parenting journey begins with pregnancy, but how it ends is your choice.

Some people think of abortion as a parenting option. But consider this, pregnancy happens when two people create a new life. But something else happens also: pregnancy creates two parents. Some people are eager for this new role. Others feel unprepared, overwhelmed, and maybe even scared.

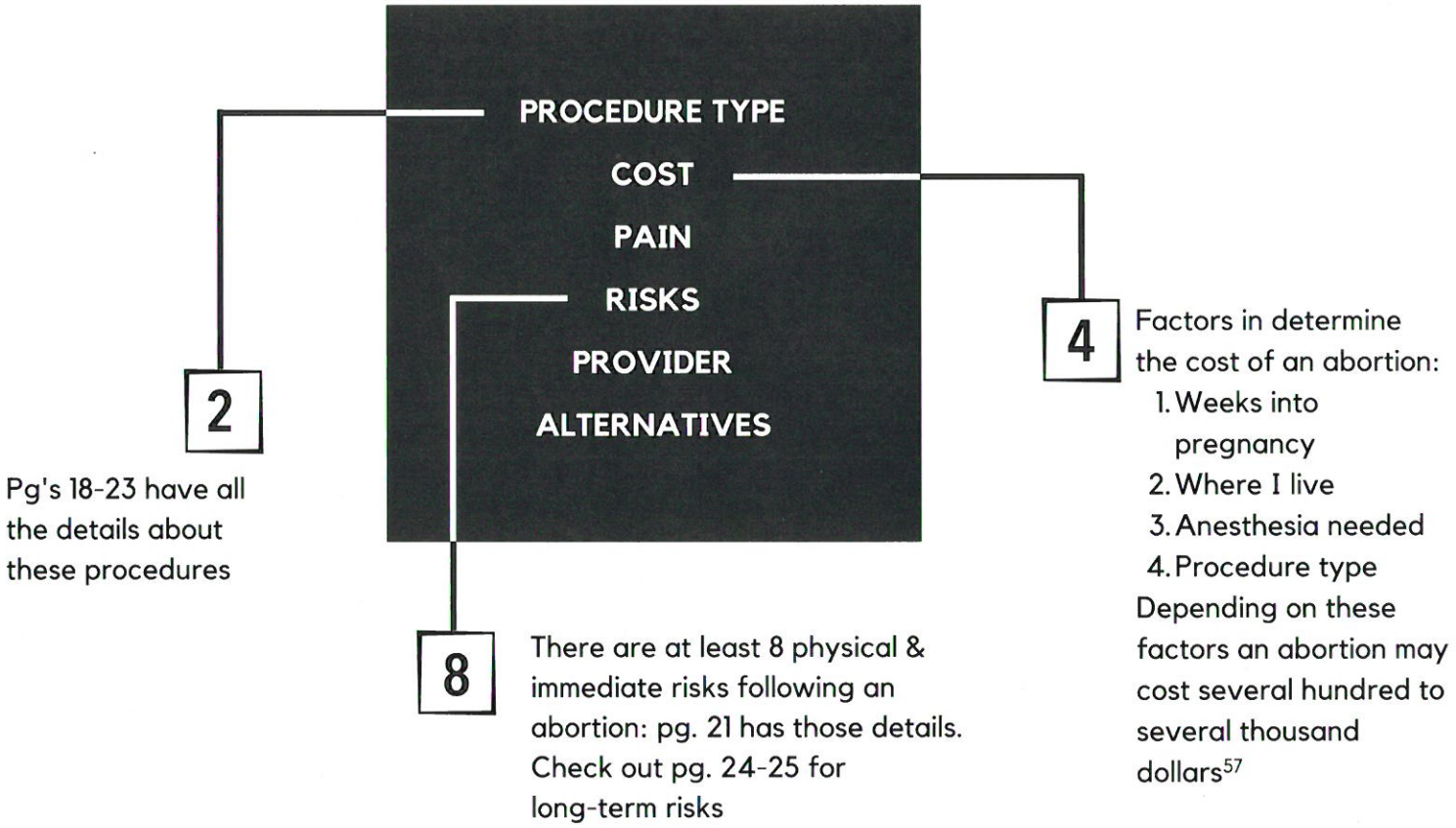
Women are able to legally decide the outcome of their pregnancy. The next several sections provide information that will help you make the best parenting decision.

BLACK & WHITE?

ABORTION MAY SEEM LIKE A CLEAR-CUT DECISION, BUT THERE ARE A LOT OF THINGS TO CONSIDER...

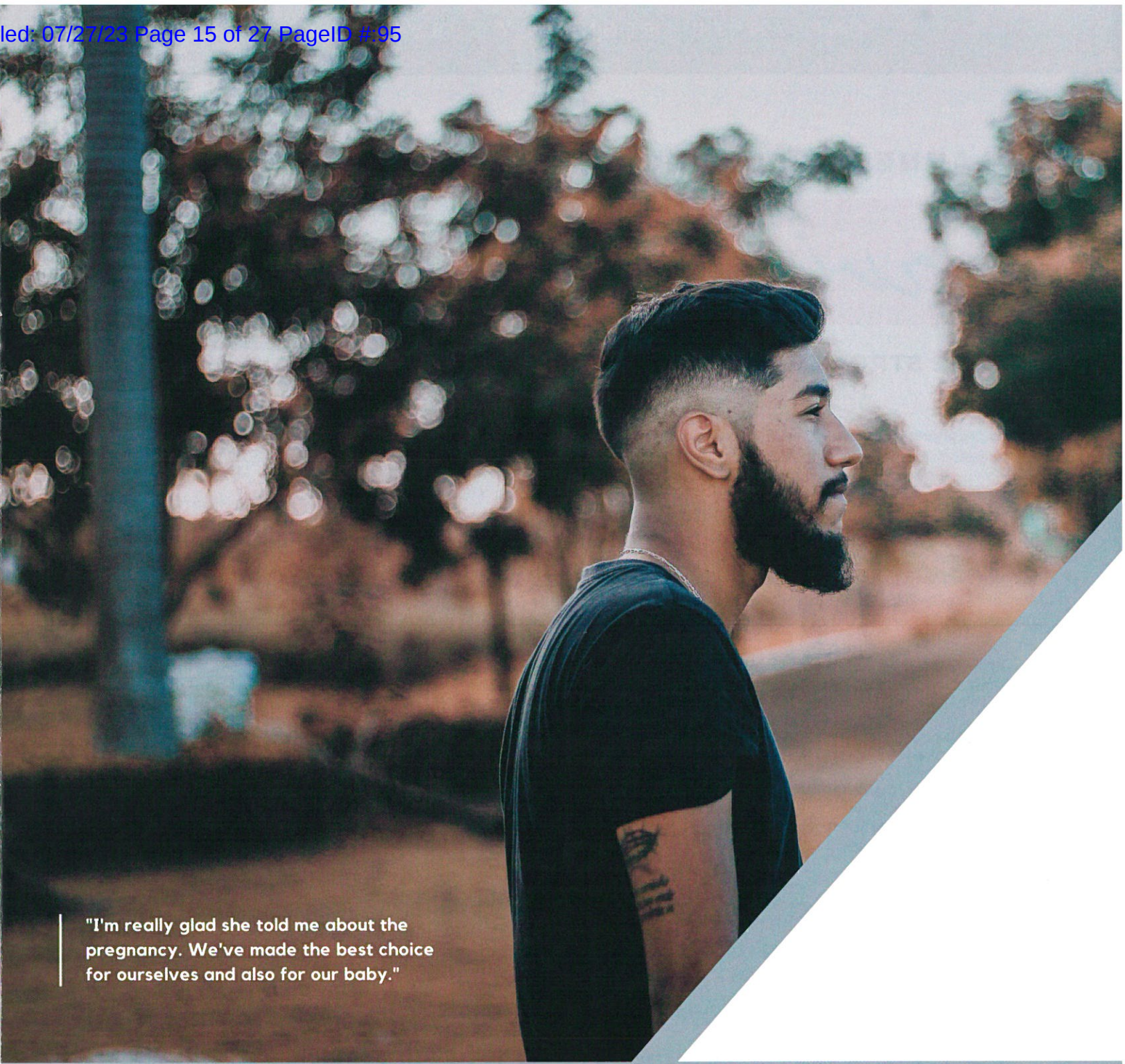
DID YOU KNOW

Most abortions occur very early in pregnancy, but as the baby grows, the cost of abortion increases and so do the risks to the mother.⁵⁶



WHAT DO YOU THINK

Most guys want to know if they've gotten a woman pregnant. Her pregnancy changes things for him too. Should he be in the loop?



"I'm really glad she told me about the pregnancy. We've made the best choice for ourselves and also for our baby."

WHAT ABOUT THE BIRTH FATHER?

Is he in the loop?

Your baby's father typically has legal rights related to adoption. State laws determine his options for providing input into the adoption and how he must be notified. If a father does not support your choice of adoption, he has long-term legal responsibilities to support his child.

3 TIPS FOR A POSITIVE ADOPTION EXPERIENCE

Adoption isn't an easy choice, but it can be a healthy and positive one for both you and your baby. Here's how to make the most of your experience:

#1 MAKE A BIRTHING PLAN THAT WORKS FOR YOU

Think about what you want. Plan to spend time with your baby, or not. Some women plan a special ceremony to lovingly place the baby with their new family. They may write a letter or give a gift to their baby. Others plan for hospital personnel to give the baby to her adoptive parents. Do what works best for you. Remember, you can change your mind at any point before the placement of your baby is legally complete.

#2 LICENSED AGENCY OR ADOPTION ATTORNEY

Find a licensed agency or experienced adoption attorney (at no cost to you) that is committed to respecting your needs and desires. Your agency or attorney will respect your confidentiality and be able to answer your questions. They will also help you work out a post adoption communication plan with your child's new parents.

#3 TAKE CARE OF YOURSELF

Your feelings, thoughts, and plans are important. Do your research and make sure you have the support you need. You can receive help with basic expenses and prenatal care as well as professional counseling both during pregnancy and after placement.

CONSIDERING ADOPTION?

Whichever type of adoption you might choose, it's a good idea to get counseling (available for free) that can help you adjust after your baby is born and plan for the future. Learn more by talking with a licensed adoption agency, adoption attorney, or gather information anonymously online.¹⁶⁸

adoption-share.com | iChooseAdoption.org

DID YOU KNOW

Research has shown that pregnant women who make an adoption plan are more likely than single parents to finish school, have better jobs, and overall report a high level of satisfaction with their decision for adoption.¹⁶⁹

Is adoption RIGHT FOR ME?

- ☐ What would I want my child to know about me?
- ☐ What kind of family do I want my baby to grow up in?
- ☐ What will I think about my decision in 20 years?
- ☐ Where can I get help with my expenses?
- ☐ Do I understand what rights the father of the baby has?
- ☐ Do I know how long I have to change my mind?



JOELLE'S STORY

A lot of neighborhood girls were pregnant by the time they were 15. I was the success story: 18, a high school graduate, money in my pocket, and no children.

When I started seeing Mike, I knew about his "bad boy" rep. He was the first person that I had sex with and, although I knew about birth control, I wasn't using any. I think I conceived the first time.

I actually had money saved up for an emergency like this—to get an abortion. I thought this was one of those adult decisions that people just have to make. So I told a friend and she took me to the place where we had gone for her two abortion appointments. She asked me what my boyfriend thought and I told her Mike wanted a child. There had always been rumors that he had other children but there was no doubt this time: it was his.

Still, there were just so many reasons to not be pregnant. At the top of the list: I didn't want to be entangled with Mike all my life. Plus, I'd be another statistic: pregnant, trying to make ends meet at some two-bit job, stuck in the ghetto, living with my mom, unable to go back to school. All my dreams of independence down the drain.

The clinic waiting room was full—some girls were even sitting on the floor. During the procedure, I was in a huge room with one lone bed in the center, a lamp, and some other equipment I didn't want to look at too closely. I remember the doctor saying, "You look so young. You look like a baby." For a brief moment, I felt like God saw me and I feared I would not be forgiven for what I was doing. They put the mask on me and I went out. I woke up in a room with a lot of other girls around me. I was told, "You have to get up. We need the bed." When I started to walk, I had bad cramps. I was told that was normal but if they got really bad I should probably go to the hospital. I limped over to the bathroom to change, then found my friend in the waiting room. We got in a cab and went home. I experienced no physical complications.

My relationship with Mike didn't last. I never intended it to.

Fast forward a few years: I had a job. A good life. I never thought about the abortion. When I was 21, I met my husband and fell head over heels in love. After dating about a year, I realized I really wanted our relationship to last and I remember thinking he needs to know I had an abortion. I had never told anyone about it before. He was very gentle and said, "I understand. It's your body, but I want you to know that if we got pregnant—I wouldn't want you to do that. I don't know what that means for us, but I couldn't support that." I so appreciated his honesty. And I knew I wouldn't have an abortion again—as much for me as for him.

The past behind me, we got married. I was soon pregnant and it was such an easy pregnancy. After my daughter was born, thoughts of my abortion would intrude on my happiness. There she was: so perfect in every way. And I was a woman who had ended a life like hers. And it kind of horrified me.

I cried when I found out I was pregnant again. For just a moment, I thought of aborting him, even though I didn't want to do that again. Money was tight and money mattered a lot to both of us then. My husband and I decided if we were going to be poor, we'd commit to being rich in love and enjoying our kids. So my son was born 15 months after my daughter. Somehow we made a very small budget work during those years.

A new job led to money in the bank and absolutely no debt. But the bigger the kids got, the guiltier I felt about the baby I'd never held.

In time, newfound faith led me to tell a friend about my abortion and that I struggled with my feelings about it. She told me she had an abortion too. That was important for me to hear. Now, we both have received emotional and spiritual healing. I know God has forgiven me—and so has my baby.

THE ABORTION PILL

ALSO KNOWN AS: MIFEPREX,™ MIFEPRISTONE, RU-486



ULTRASOUND AT 10 WEEKS LMP*

*LMP: last menstrual period



MY JOURNEY THROUGH *Open* ADOPTION

"I am so happy that my life worked out the way it did and I don't have any resentment because my adoption was never a secret. I've been blessed with wonderful adoptive parents and been able to meet my birth parents who have also been kind and loving. I understand this is not always the case and some adoptions can be rough on the child. It had to be the hardest decision of Erin's life but I am so thankful she went through with it. Her mature choice gave me a better chance at life."

- Samantha

Adoption

QUESTIONS TO ASK YOURSELF BEFORE MAKING THIS CHOICE:

SOME ASK:

HOW COULD I EVER GIVE MY BABY AWAY?

WHAT IF NOBODY WANTS TO ADOPT MY BABY?

COULD I LIVE WITHOUT KNOWING HOW MY BABY IS DOING?

HOW COULD BEING ADOPTED AFFECT MY BABY?

BIRTHMOM'S PERSPECTIVE:

"Adoption was hard but none of my options were easy. I placed my baby in a wonderful family because I love her more than anything."

"My son is beautifully biracial and very loved by his adoptive parents — and me!"

"My baby's pictures are on my phone. He has the cutest grin. Sometimes, I stare at his face while I'm at night school."

"My child's adoptive family gave her all the love and resources she needed to reach her goals."

OTHER THOUGHTS

Not only is adoption a caring choice for children, it empowers women to meet their goals.

Adoptive families welcome children of different ethnicities & races, as well as those with every kind of physical or intellectual disability.

You don't have to miss out. With open or partially open adoption, you can be a part of your child's life and still pursue your own dreams.

Parents report, 92% of adopted children have positive feelings about their adoption.¹⁶⁷



WHAT

The Abortion Pill
Mifeprex,™ mifepristone, RU-486



WHEN

Up to 10 weeks LMP



HOW

- Day 1: Swallow mifepristone, eventually causes embryo's death
- Day 2 or 3: Take misoprostol, cramping expels baby
- Day 7 to 14: Follow up with provider to check if abortion is complete



SIDE AFFECTS:

- Abdominal pain
- Severe cramping
- Nausea
- Vomiting
- Diarrhea
- Headaches
- Dizziness
- Fever and chills

WHAT IF I CHANGE MY MIND?



IT MAY NOT BE TOO LATE

Some doctors have begun using natural progesterone off-label to counteract the effects of the abortion pill. Under a doctor's care some women have successfully continued their pregnancies and given birth to healthy babies after taking just the first pill (mifepristone) of a medical abortion.⁵⁸ Based upon available evidence, the use of natural progesterone is associated with a significantly higher likelihood that a pregnancy will continue after exposure to mifepristone compared to no intervention. Women should not attempt to counteract the abortion pill without the assistance of a medical professional.

For more information:



877.558.0333



abortionpillreversal.com

ONLINE ABORTION PILL?

Doing it yourself is risky!⁵⁹

The abortion pill has special safety restrictions on how it is distributed to the public. Using drugs bought online can be risky. Online purchasers of the abortion pill bypass important safeguards designed to protect their health. Because drugs purchased online are not the Food and Drug Administration (FDA) approved versions of the drugs, they are not subject to FDA manufacturing controls, and there is no way to be sure exactly what they contain.

Some websites claim to give instructions on how to induce your own abortion. Attempting to follow these instructions can be very dangerous for a woman and may or may not end her pregnancy.

RISKS:



- Seeing embryonic parts expelled
- Some pregnancies fail to abort
- In pregnancies that continue, misoprostol may cause birth defects
- 1% of women need a D&C to stop hemorrhaging
- Undiagnosed ectopic pregnancy
- Possible life-threatening infection

*Photos that Samantha's parents sent me through the years



ERIN'S JOURNEY THROUGH *Open* ADOPTION

As a single mom to a six month old boy, I was barely staying afloat when I started seeing a co-worker who I found very attractive. Soon I was pregnant. When I told him, he insisted that I could NOT have this child. Turns out, he was in a relationship that he hadn't told me about. So this was really complicating his life...

My first pregnancy, the one before my son, ended in abortion. Knowing I couldn't care for two kids on my own, I scheduled another abortion.

When the day came, I felt ill just thinking about what I was about to do. I knew I couldn't survive that experience again. So I cancelled the appointment and frantically called a good friend of mine.

My friend listened to me and prayed with me. We talked about adoption. And I just felt that I needed to investigate that option.

I started looking for parents for my baby. All the couples said they wanted to take care of your baby and would shower your baby with love and attention. But one profile said, "And God bless you." I thought: *They care about me; not just taking my baby.*

They were excited to hear from me and we began getting to know one another.

We agreed on open adoption because they wanted the baby to always know she was adopted and could contact me. Later, they flew me and my son to California to meet them. They took me to their doctor for a checkup. They also arranged for me to see a psychologist about where I was emotionally — if I felt committed to placing the baby for adoption. I felt at peace because they did everything to protect me and my baby.

As my pregnancy advanced, it was really hard for me to work full-time and take care of my son. So they offered to support me until the birth so I could focus on taking care of my son and myself. When the baby was due, they flew out for the delivery. Labor went incredibly fast and smooth. My little girl was beautiful.

Absolutely perfect! I stripped her down to her diaper and held her the whole night long.

I'm not going to lie, it was really difficult to leave that hospital. I put Samantha in her new parents' arms. We had a meeting at my home the night after I had the baby. All of my family members were invited to hold her and see her, before her parents took her back to California. They were so generous to share her with anyone who wanted to meet her.

It was incredibly hard to let her go. But I knew this was right — for me and for Samantha (see Sam's thoughts on the next page).

While I was visiting California a year later, I had lunch with Samantha and her family. When she was six, my husband and I took our kids on vacation there and our whole family got to hang out with Sam and her family. What a fun reunion! I saw her again at 15. Last year, my mom and I got to have lunch with her and her mom.

Sam got her real estate license last year and she's just graduated from college — I'm so proud of her!

I've made three different parenting choices: I've aborted, parented my children, and placed for adoption. I feel like adoption was such a good choice because my baby, Samantha, got the best life. It was a very healthy and positive choice for me too. One I have never regretted.

Read Samantha's thoughts on the next page

THE DETAILS

The Abortion Pill:⁶⁰ Taken up to 10 weeks LMP⁶¹

The abortion pill (also known as Mifeprex,™ mifepristone, or RU-486) uses two drugs and is approved by the Food and Drug Administration (FDA) for use in women up to 70 days (10 weeks) after their last menstrual period (LMP).⁶² However, it is used "off-label" beyond 10 weeks.⁶³ It is the most common form of medical abortion.⁶⁴

How does it work?⁶⁵ It blocks the effect of the hormone progesterone, which is necessary for the continuation of pregnancy. The embryo's connection with the uterus is lost, eventually causing his or her death over the course of days, in most cases.

The FDA approved procedure requires a single office visit, other visits are up to the abortion provider's discretion.⁶⁶ During the first office visit, the woman is given mifepristone to swallow. Twenty-four to forty-eight hours later misoprostol tablets are taken; this may take place at home, or she may return to the clinic to take them. These tablets are placed inside the cheeks, and given time to absorb. This drug causes cramping that expels the embryo or fetus. Cramping may be severe, and bleeding usually lasts one to two weeks. It is possible that she may see identifiable parts expelled if she is beyond 8 weeks LMP. By 10 weeks LMP, the developing baby is over one inch in length with clearly recognizable arms, legs, hands, and feet.⁶⁷

It is critical that follow up occurs one to two weeks after taking the first pill to determine if the procedure is complete and to assess whether there are complications. The abortion provider decides the follow-up which may consist of a phone call, a blood test, an in-office exam, and/or an ultrasound.

Typical side effects include abdominal pain, severe cramping, nausea, vomiting, diarrhea, headaches, dizziness, fever, and chills.⁶⁸

What are the risks?⁶⁹ Information on adverse events is limited for several reasons. First, provider reporting of complications is voluntary. Also, women may not disclose their abortion when seeking follow-up care. These and other issues hinder the collection of reliable statistics connecting the abortion procedure with complications. Based on what has been reported, the risk of death after taking the abortion pill is small, but serious complications do happen. Because of the risk of serious complications, the mifepristone abortion is only available through a **restricted program**. This program requires abortion providers to inform patients about the risk of serious events and what to do should complications arise. The percentage of all abortions that are done using medication goes up each year, meaning that more and more women will be at risk for these complications.⁷⁰

Bleeding: Vaginal bleeding normally lasts for 9–16 days but 1% of women bleed enough to require a D&C to stop the bleeding.⁷¹

Infection: According to the FDA, several U.S. women who used the abortion pill died due to an overwhelming total body infection (sepsis).⁷² Physicians are alerted to consider this complication in any woman who feels ill after using Mifeprex.⁷³

Undiagnosed ectopic pregnancy:⁷⁴ The abortion pill will not end an ectopic pregnancy (when the embryo attaches outside the uterus, usually in a fallopian tube). If this condition is not treated early, there could be a risk of the tube bursting, internal hemorrhage, and sometimes death.

Failed abortion: The abortion pill regimen doesn't always cause an abortion.⁷⁵ Failure rate increases with advancing gestational age. A surgical abortion is usually done to complete a failed medical abortion.⁷⁶

Risk of fetal malformations: Research links misoprostol (the second drug) use during the first trimester with certain types of birth defects if the pregnancy continues.⁷⁷

Because of these risks, abortion providers are required to warn patients to seek immediate medical care for:⁷⁸

- Sustained fever, severe abdominal pain, prolonged heavy bleeding, or fainting
- Symptoms that last more than 24 hours after taking misoprostol: abdominal pain/discomfort, "feeling sick," weakness, nausea, vomiting or diarrhea, with or without fever
- These symptoms could be a sign of serious complications, or just expected side effects. It's hard to know.

Information is lacking about the long-term mental health effects of medical abortion, particularly, how women feel about giving themselves an abortion, and seeing baby parts expelled.⁷⁹

Methotrexate:⁸⁰ Taken up to 9 weeks LMP

This drug was FDA approved for treating certain cancers and rheumatoid arthritis, but is used off-label to treat ectopic pregnancies and to induce abortion.

How does it work? It stops cell growth, resulting in the embryo's death. It is used less frequently than mifepristone, and takes longer to cause abortion. It's given by mouth or injection, followed by vaginal misoprostol 3–7 days later.

What are the risks? Side effects include mouth ulcers, nausea, abdominal pain, chills, and fever. Bleeding typically last 2–3 weeks. Both methotrexate and misoprostol are associated with reports of birth defects in pregnancies that continue.

MIFEPREX FAILURE RATE ⁸¹				
Gestational Age	Less than 49 days LMP	50-56 days LMP	57-63 days LMP	64-70 days LMP (10 wks)
Complete Abortion (%)	98	97	95	93
Failure rate (%)	2	3	5	7
Estimate of ⁸² failed abortions	7,630 women affected	11,450 women affected	19,080 women affected	26,700 women affected

EARLY SURGICAL ABORTION: SUCTION

ALSO KNOWN AS: VACUUM ASPIRATION

?

WHAT

Suction/Aspiration



WHEN

Up to 14 weeks LMP

HOW

- Cervix sometimes softened using laminaria and/or vaginal medication the night before
- Local anesthetic injected in cervix
- Cervix stretched open using metal dilating rods
- Plastic tube inserted in the uterus & connected to an electric or manual vacuum device that pulls the baby's body apart & out
- A curette may also be used to scrape any remaining fetal parts out of the uterus
- Removed tissue examined to verify completeness

RISKS

- Serious physical complications are infrequent
- Bleeding
- Infection
- Incomplete abortion
- Allergic reaction to meds
- Organ damage

DID YOU
KNOW

Although death is a very rare complication from early abortion, this risk increases by a small percentage every week after 8 weeks LMP.⁸³

PHOTO AT 11 WEEKS LMP*

*LMP: last menstrual period



ULTRASOUND AT 14 WEEKS LMP

THE DETAILS

Suction/Aspiration:⁸⁴
Up to 14 weeks LMP

This surgical procedure is used throughout the first trimester of pregnancy. Most first trimester surgical abortions are performed using this method. Local anesthesia is typically offered to reduce pain, however sedation may also be available.

How does it work? For very early pregnancies (4-7 weeks LMP), a thin plastic tube is inserted into the uterus. It is attached to a manual or electric vacuum device which is used to suction out the embryonic baby.

Later in the first trimester, the cervix needs to be opened wider because the fetus is larger. Sometimes, laminaria and/or vaginal medications are placed in the cervical opening, the night before to soften the cervix.⁸⁵ The day of the procedure, the cervix is stretched open using dilating rods. This is usually painful, so a local anesthetic is typically injected directly into the cervix beforehand.

Next, a plastic tube is inserted through the cervix and into the uterus, then attached to an electric or manual vacuum device. The suction pulls the baby's body apart and out of the uterus. A curette may also be used to scrape any remaining fetal parts and blood clots.

What are the risks? Serious immediate physical complications are infrequent with early surgical abortion, but are significant if they happen to you. They may include bleeding, infection, incomplete abortion, and allergic reaction to medications. Damage to the cervix, uterus, or other internal organs is also possible. The risk of death from an abortion done 8 weeks LMP and under is three in a million.⁸⁶

MY JOURNEY THROUGH *Open* ADOPTION →



*Samantha and I when she was 6 years old

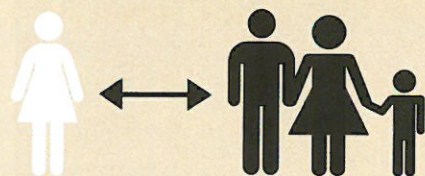
WHAT ABOUT ADOPTION ?

Children whose birthparents choose adoption know that they are wanted—first by the mom and dad who gave them life, and also by their adoptive family. Studies indicate that adopted children are better positioned economically, academically, and emotionally than those children raised in foster care or by biological parents who do not want to care for them.¹⁶⁵

Regardless of the parenting option you choose, investigating adoption is a mature and responsible decision. You can take your time because exploring adoption requires no commitments—and in most states adoption cannot be legally finalized until after the baby is born. Birth parents get to be in control of the adoption plan they make and usually choose between three types of adoption: open, partially open, and confidential.¹⁶⁶

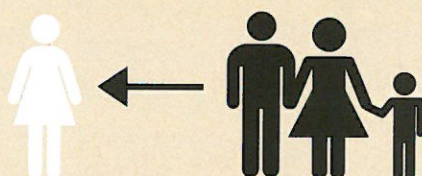
3 DIFFERENT TYPES OF ADOPTION

#1 OPEN



Not only can you choose your child's family, you can also communicate directly with them about your child through letters, pictures, and possibly even phone calls or visits. Your child will grow up knowing who you are.

#2 PARTIALLY OPEN



You can choose the type of family your child grows up in. You may learn how your child is doing through pictures or letters that the adoption agency or lawyer shares with you. You usually will not know your child's full name or location.

#3 CONFIDENTIAL



If you decide that you do not want contact with your child while he or she is growing up, the adoption agency or lawyer will choose your baby's new family. You and the family won't know any details about each other's identity, but the agency may share medical information that will help the family care for your child.

LET'S COMPARE NON-SURGICAL VS. SURGICAL ABORTION⁸⁷



	FAILURE RATE	TIME TO COMPLETION	NEED FOR ANESTHESIA	BLEEDING	REQUIRES SURGERY	LONG-TERM COMPLICATIONS	PROVIDER PRESENT FOR ENTIRE PROCEDURE
NON-SURGICAL ABORTION	higher	longer	unlikely	heavier and longer	unlikely	largely unknown	no
SURGICAL ABORTION	lower	shorter	common	shorter	yes	yes (pg.21-26)	yes

★ IMMEDIATE PHYSICAL RISKS OF EARLY & LATE SURGICAL ABORTIONS

Serious physical complications occur infrequently in early abortions but increase in later abortions.⁸⁸ Evidence indicates that induced abortion can be associated with significant long-term health risks.⁸⁹ Getting complete information on the risks associated with abortion is challenging due to incomplete reporting and the lack of documentation linking abortions with complications.⁹⁰

Heavy Bleeding⁹¹: Some bleeding after abortion is normal. However, there is a risk of severe bleeding known as hemorrhaging. This may result from cervical tears, uterine punctures, retained tissue, or when the uterus fails to contract after it is emptied. When this happens, a scraping of the uterus (D&C), or other surgical procedure may be required to stop the bleeding. Infrequently, a blood transfusion may be necessary. Rarely, removal of the uterus (known as a hysterectomy), may be required to stop bleeding.

Incomplete Abortion⁹²: This occurs when fetal tissue remains in the uterus after the abortion is over. It can cause severe bleeding, infection, and a D&C may be required to complete the procedure.

Infection⁹³: The insertion of instruments or retained fetal tissue may lead to infection. Infrequently, total body infection, known as sepsis, happens and can be life-threatening. Pelvic infection can cause scarring of the pelvic organs, which can lead to future complications such as infertility and increased risk of ectopic pregnancy.⁹⁴ Antibiotics may be prescribed to fight infection and/or additional surgery may be required to fully empty the uterus. See "The Abortion Pill" on page 17 to learn about a rare, fatal infection.

Organ Damage⁹⁵: The cervix and/or uterus may be cut, torn, or punctured by instruments. This may cause excessive bleeding requiring surgical repair or result in scarring of the uterine lining. If the uterus is punctured, the bowel and bladder may be injured. The risk of these types of complications increases with the length of the pregnancy.

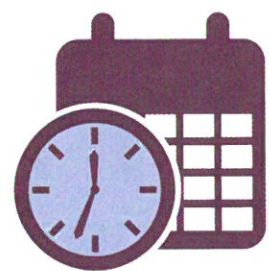
Emboli⁹⁶: Clots may form in the bloodstream. If they break off and travel, they are known as "emboli." These emboli can lodge in the lungs, causing illness and even death. Another form of emboli, known as "amniotic fluid embolism," is a rare cause of death in later term abortions. In a process not well understood, amniotic fluid gets into the mother's bloodstream and causes a severe allergic-type reaction.

Anesthesia Complications⁹⁷: Local anesthetics, sedatives, and pain medications may cause allergic reactions of varying degrees of severity. Convulsions, heart complications, and—in extreme cases—death, are known risks of general anesthesia. Use of general anesthesia for abortion has decreased.

Rh Sensitization⁹⁸: Pregnant women should be tested to determine if their blood type is Rh positive or Rh negative. All pregnant women who are Rh negative should receive an injection of Rhogam TM to prevent the formation of antibodies that may harm current or future pregnancies.

Death⁹⁹: In extreme cases, complications from abortion may lead to death. The risk of death immediately following an induced abortion performed at or before 8 weeks LMP is extremely low (approximately 3 in a million) but increases as pregnancy progresses. For pregnancies over 18 weeks, the risk of dying from induced abortion is 7 per 100,000.

LATER TERM ABORTIONS



ABORTION METHODS FOR 2ND & 3RD TRIMESTERS

WHAT	DILATION & EVACUATION (D&E)	D&E AFTER VIABILITY	LABOR INDUCTION
WHEN	15 weeks LMP and up	23 weeks LMP and up	2nd & 3rd Trimesters
HOW	<ul style="list-style-type: none">• Cervix softened using laminaria and/or vaginal medication for 2 days before procedure• Local anesthetic & sedation given, or general anesthesia, if available• Cervix further stretched open with metal dilating rods• Forceps used to pull fetal parts out through the cervix• Account for all the parts of the baby: skull, spine, ribcage, four limbs• A curette or suction is used to remove any remaining tissue or blood clots	<ul style="list-style-type: none">• Takes 2–3 days• Lethal injections may be given to stop the baby’s heart• Cervix softened & dilated for 3 days prior using laminaria & vaginal medication• General anesthesia may be used, if available, or IV sedation & local anesthetic• Surgical instruments used to grasp & pull fetal parts out through the opened cervix• An alternative procedure, “intact D&E,” attempts to remove the baby in one piece, reducing risk to the mother• Fetal skull usually needs to be crushed before removal	<ul style="list-style-type: none">• Lethal injections may be given to end the fetus’ life• Cervix softened using laminaria and/or vaginal medications for 2–3 days• Medications given to induce labor & reduce pain• Labor & delivery of deceased baby
RISKS + SIDE EFFECTS	<ul style="list-style-type: none">• Incomplete abortion with retained tissue• Heavy bleeding• Reactions to anesthesia• Infection• Organ damage• Risk of complication & death increases with duration of pregnancy	<ul style="list-style-type: none">• Increased risk to the life & health of the mother• Highest risk of death with a rate of about 7 per 100,000• Anesthesia complications• Heavy bleeding• Embolism• Infection• Organ damage	<p>Risks</p> <ul style="list-style-type: none">• Hemorrhage• Need for a blood transfusion• D&C for retained placenta• Uterine rupture <p>Side Effects</p> <ul style="list-style-type: none">• Abdominal pain• Severe cramping• Nausea• Vomiting• Diarrhea• Headaches• Dizziness• Fever and Chills

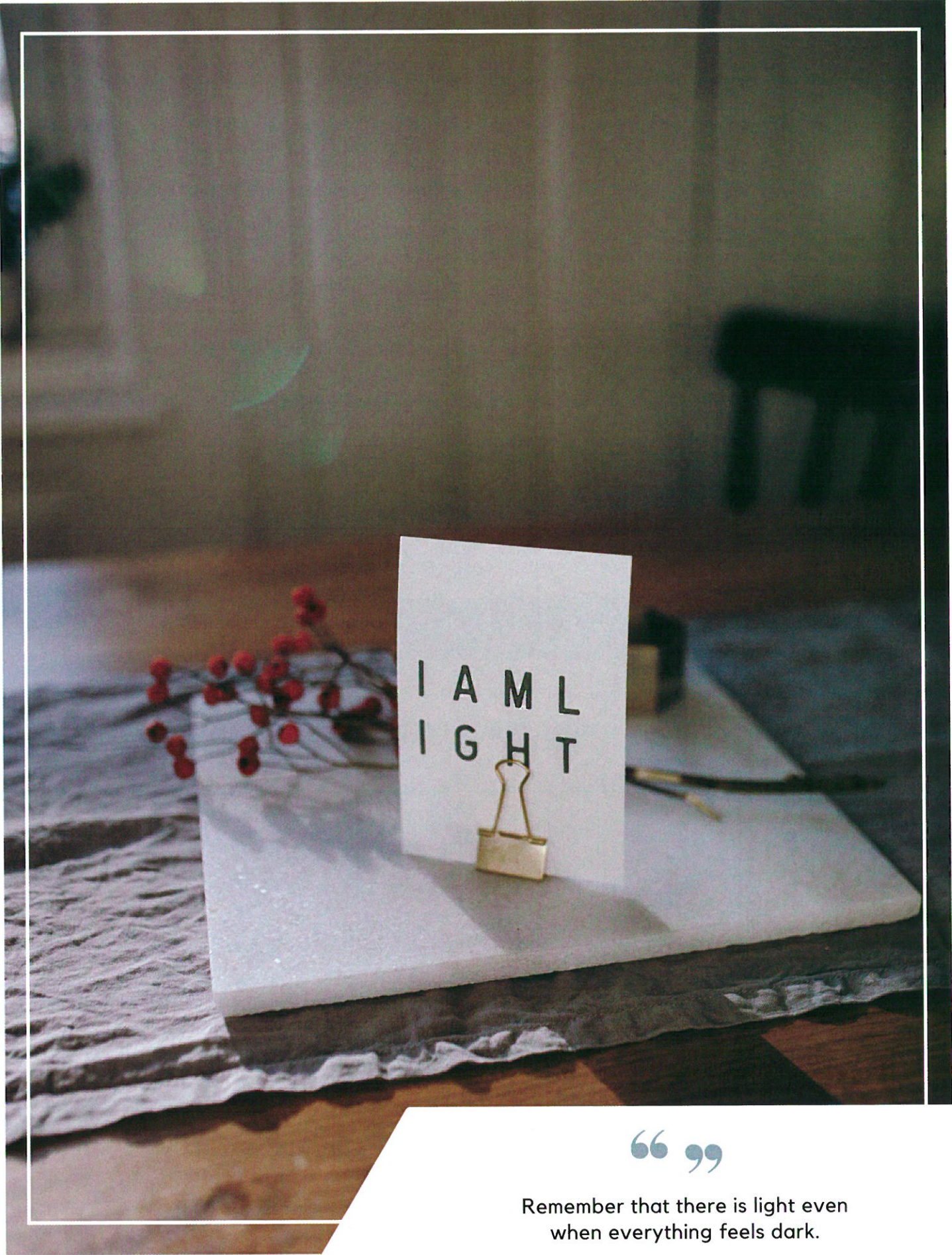
DID YOU KNOW

The definition of “later term abortion” varies anywhere from above 16 weeks to over 26 weeks LMP. Most agree that abortions taking place near the point of fetal viability (~24 weeks LMP) should be considered “late term.”¹⁰⁰



PHOTO AT 22 WEEKS LMP*

*LMP: last menstrual period



“ ”

Remember that there is light even when everything feels dark.



7

CHECKPOINTS FOR A HEALTHY RELATIONSHIP

DID YOU KNOW

72% of marriages last a lifetime.¹⁶³ And 80% of married couples say they are happy or very happy with their spouse.¹⁶⁴

Thinking about your partner, consider these questions...

1 Is he kind?

Always Sometimes Never

☐ ☐ ☐

2 Is he patient?

☐ ☐ ☐

3 Does he think he's "all that"?

☐ ☐ ☐

4 Does he put my needs before his own?

☐ ☐ ☐

5 Is he responsible?

☐ ☐ ☐

6 Does he help me be my best self?

☐ ☐ ☐

7 Does he try to control me?

☐ ☐ ☐

NO RELATIONSHIP IS PERFECT...

While no guy, or relationship, is ever perfect, these checkpoints can help you see if you are at least heading in a healthy direction. Whether you are sure or not, it's a great idea to get advice from someone you trust, someone you know wants the best for you.

THE DETAILS

Dilation & Evacuation (D&E):¹⁰¹ 15 weeks LMP and up

Most second trimester abortions are performed using this method. Local anesthesia, oral or intravenous pain medications, and sedation are commonly used. General anesthesia may be used, if available.

How does it work? The cervix must be opened much wider than in a first trimester abortion because the baby is larger. Usually, numerous laminaria are placed in the cervix for 2–3 days before the procedure.

The day of the procedure, the amniotic fluid around the baby is drained. The cervix is dilated using metal rods. Surgical instruments are used to pull fetal parts through the opened cervix, as the baby is too large to fit through the suction tubing in one piece. Also, hardening fetal bones will not break up with suction alone.¹⁰² Some operators use lethal injections to end the baby's life a few days before the procedure.¹⁰³ This allows time for the bones to soften, easing removal and possibly reducing risk to the mother.

Removed fetal parts are kept track of so that none are left inside. Lastly, a curette, and/or the suction machine, are used to clear remaining tissue or blood clots.

What are the risks? Incomplete abortion with retained tissue is one of the more common complications of surgical abortion. Other risks include heavy bleeding, infection from incomplete abortion, blood clots, and organ damage such as a torn cervix, punctured uterus, or injured bowel. Infection may cause scarring of the pelvic organs. The risk of death from abortion is 7 per 100,000 at 18 weeks LMP and later.¹⁰⁴

D&E After Viability:¹⁰⁵ 23 weeks LMP and up

This procedure typically takes 2–3 days and is associated with increased risk to the life and health of the mother. General anesthesia is usually recommended, if available, otherwise, intravenous sedation will often be used. To avoid the birth of a fetus who may survive, digoxin or potassium chloride may be injected in the amniotic fluid, umbilical cord, or fetal head or heart prior to the procedure.¹⁰⁶ This is done to comply with the federal Partial Birth Abortion Ban Act of 2003 which prohibits ending the baby's life after he or she has been partially removed from the woman's body.

How does it work? The standard technique uses the same procedure as the D&E. The amniotic fluid is drained, the cervix is dilated, and then forceps are used to grasp and tear the fetus' body apart and through the cervix. The operator keeps track of fetal parts to reduce the risk of leaving any behind to cause complications.

An alternate procedure is called "Intact D&E". The goal of this procedure is to remove the fetus in one piece, thus reducing the risk of leaving parts behind or causing damage to the woman's body. Ultrasound is used to locate the baby's feet. Forceps are used to grasp the feet and pull them through the cervix. Much of the baby's body is delivered in one piece through the cervix. It is often necessary to crush the fetus' skull, since it is difficult to dilate the cervix wide enough to bring the head out intact. The suction machine and/or a curette are used to remove the placenta and clear remaining tissue or blood clots.

What are the risks? Later term abortions carry the highest risk of death with a rate of 7 per 100,000 at 18 weeks LMP and later.¹⁰⁷ Besides complications from anesthesia, risks include heavy bleeding, embolism, infection, and damage to the reproductive system and organs in the abdomen.

Labor Induction:¹⁰⁸ 2nd & 3rd Trimester

This procedure induces abortion by using drugs such as mifepristone, misoprostol, or pitocin, to cause labor and delivery of the fetus and placenta. These procedures used to be preformed in a hospital, but most are done in an outpatient setting, despite considerable risks if complications occur.¹⁰⁹ This procedure may be selected because the provider doesn't do late term dilation & evacuation (D&E), patient preference, or so an autopsy of the baby may be done afterwards.

How does it work? Digoxin or potassium chloride may be injected into the babies head, the amniotic fluid, umbilical cord, or fetal heart prior to labor to avoid delivery of a live baby. The cervix is softened using laminaria and/or medications such as mifepristone. Next, misoprostol and/or pitocin are typically used to induce labor. In most cases, these drugs result in the delivery of the dead fetus, followed by the placenta. Oral or intravenous pain medication are often given. Occasionally, the uterus must be scraped to remove the placenta.

What are the risks? Potential complications include significant hemorrhage and the need for a blood transfusion, retained placenta requiring a D&C, and possible uterine rupture. These abortions should be done in a facility capable of emergency surgery and blood transfusion.

COULD ABORTION AFFECT ME LATER?



It's controversial. You have the right to understand the likely and possible risks of your decision. But the data about the long-term effects of abortion is incomplete. Scientific bias and failure to tie complications to the abortion procedure make it difficult to determine the extent of the long-term health risks associated with abortion.¹¹⁰

EMOTIONAL

After abortion, some women say they initially felt relief and looked forward to their lives returning to normal. But other women report negative emotions after abortion that linger, unresolved. For some, problems related to their abortion emerge months or even years later.¹¹¹

There is evidence that abortion is associated with a decrease in long-term emotional, physical, and mental health.¹¹² In line with the best available evidence, women should be informed that abortion significantly increases risk for:

- Clinical depression and anxiety¹¹³
- Drug and alcohol abuse¹¹⁴
- Symptoms consistent with post-traumatic stress disorder (PTSD)¹¹⁵
- Suicidal thoughts and behavior¹¹⁶

Scientific evidence indicates that abortion may be more likely to be associated with negative psychological outcomes than either miscarriage or carrying an unintended pregnancy to term.¹¹⁷

RELATIONAL

Pregnancy often affects a woman's most important relationships. Many couples choose abortion to preserve their relationship. Yet research reveals that couples who choose induced abortion are at increased risk for problems in their relationship.¹¹⁸

Women experiencing lack of support or pressure to abort from their partners were more likely to choose abortion.¹¹⁹

Women who face intimate partner violence are significantly more likely to experience abortion.¹²⁰

After abortion, some women find that their experience of sexuality changes. Some may experience a short or longer term lack of interest, discomfort, or decreased satisfaction.¹²¹

Teens and women who live with their parents may want to consider making a plan before sharing their news with family. How would your partner, best friend, or parents respond to your pregnancy? To an abortion? No matter how your loved ones react, it's important to make your own best decision.

PHYSICAL

Medical experts continue to debate the association between abortion and breast cancer. Research shows the following:

- Carrying a pregnancy (especially a first pregnancy before the age of 30) to full term gives a measure of protection against breast cancer.¹²² Terminating a pregnancy results in loss of that protection.
- Pregnancy hormones cause breast tissue to grow rapidly in the first 3 months. It is not until after 32 weeks LMP that breasts mature enough to produce milk and become more cancer resistant.¹²³ That's why a premature birth before 32 weeks LMP significantly increases a woman's risk of breast cancer, the same as late term abortions.¹²⁴
- The majority of studies of women around the world show increased risk of breast cancer among those who have had one or more induced abortions.¹²⁵

First trimester miscarriages, unlike induced abortions, do not increase a woman's risk of developing breast cancer.¹²⁶

DID YOU KNOW

If you are experiencing unwanted symptoms following an abortion, you are not alone. Pregnancy centers offer compassionate support in private, individual or small group environments.

SPIRITUAL

People have different understandings of God. Whatever your spiritual beliefs may be, having an abortion may impact more than just your body and your mind.

Many people consider themselves to be "spiritual." While this means different things to each person, there is a spiritual side to abortion that bears considering.

What might God think about your situation? What thoughts do you have about your own spiritual development and your unborn baby's future as a spiritual being?

Note: Spiritual impacts of abortion can be felt at any stage of pregnancy and with both surgical and non-surgical procedures.

5 PRINCIPLES TO UP YOUR PARENTING GAME*

*Circumstances vary; may not apply in every situation



"I'm really glad she told me about our baby. I wasn't planning on being a dad -- not so soon. But now everything has changed."

- # 1 Value yourself**
Hey, you matter. When you respect yourself, you'll teach your child that he or she deserves respect too. Plus, when you take time to enjoy life in healthy ways, you are better able to care for others – like your child.
- # 2 Respect their other parent**
Kids tend to be more secure when they see their parents as a team. Don't miss a chance to appreciate their dad for his good qualities. Even if your relationship with your children's father is difficult or estranged, look for ways to reassure them that he loves them. It's okay to acknowledge his mistakes but be as positive as you can.
- # 3 Set reasonable limits**
When they know you make rules for their protection and not just your convenience, your children will thrive. Give them the freedom to explore their world within the safety of age appropriate boundaries. Avoid frustrating your kids by making harsh rules or enforcing limits inconsistently.
- # 4 Apologize... and forgive**
When you mess up, be quick to tell your kids that you were wrong. Show them you understand how your words or actions hurt them. They'll respect you more when you are willing to apologize. Plus, you are modeling behavior that will help make their relationships stronger. When they apologize, always be quick to say, "I forgive you." Then, discuss how they can behave differently next time and encourage them.
- # 5 Find support**
Good parenting takes a lot of work. Look for people you can trust to share childcare responsibilities while you go shopping, have coffee with a friend, or take a nap. If you are parenting without a partner, look for a good male role model who is willing to spend time with your child doing activities they enjoy. You can't be everything to your kids – and you don't have to try.

DID YOU KNOW

Many pregnancy centers offer parenting education and mentorship opportunities. They also provide assistance with finding prenatal care and planning for the next phase of your parenting journey. You can be a successful parent – and your local pregnancy center can help.

IS raising my baby RIGHT FOR ME?

- ☐ Where can I find the support I need to take care of myself?
- ☐ How can I adjust my lifestyle to include my child?
- ☐ Am I mature enough to care for my child's physical, social, emotional, and spiritual needs?
- ☐ Will I be proud of my choice?
- ☐ Where can I find help raising my child?

TAYLOR'S LETTER TO HER MOM, KRISTY -

Dear Mom,
There are many reasons that I admire you. For one, you are my mom. Secondly, the fact that you had me at such a young age, and not under ideal situations, and still you have become so successful is incredible. I have NEVER heard of someone doing the things you do. Most of the time, you hear about a young teenage mother getting pregnant, becoming a drug addict, messing up her life, and her child's life. But not us. Thank you for everything!
Love, Taylor



IS KEEPING MY BABY RIGHT FOR ME?

Raising a child is a life-long adventure. A lot of research is available on different parenting options. How many ways of parenting are there? Here are a few options many people choose from. Explore them. Then, you will have tools you need to make a plan for what type of family you want your child to grow up in.

MARRIED PARENTING

For centuries, marriage has been a way to show someone else that you will share everything with them—good times and hard times. Marriage is still a unique expression of love and commitment. It's easier for two people to achieve their goals when they can depend on each other's help and encouragement. Have you discussed this option with your partner?

Overall, research shows that on average kids do better across every economic, psychological, social, and educational measures of child well-being when they are raised by married parents who love each other and love their children. In addition, both women and men tend to be healthier, more financially stable, and happier when they are married to their partner.¹⁵⁴

CONSIDERING MARRIAGE?

Build a solid foundation by seeking pre-marital advice from a trusted married couple, pastor, priest, marriage mentor, or professional counselor.

CO- PARENTING

Sharing parenting responsibilities with your child's father can happen whether you live in the same house or not. Many couples do live together at some point. In general, cohabiting couples in the U.S. lack the relationship stability of married couples.¹⁵⁵ These relationships end within five years, on average.¹⁵⁶

Research shows that children are affected when their parent breaks up with one partner and begins a new relationship. There is research that suggests children are at risk when they don't have involved fathers. Finally, children are also more at risk of experiencing abuse when living with their parent's partner than when living with their father and mother together.¹⁵⁷

LIVING TOGETHER?

Research suggests that children benefit most when their parents are committed to each other "for better or worse."¹⁵⁸

SINGLE PARENTING

Those who parent without a life-partner wear many hats. Single parent homes have the same types of challenges as any family but often without another loving adult to share responsibilities.¹⁵⁹ But, one committed parent can make a world of difference in a child's life.

Many children raised in this kind of home feel especially close to the parent who nurtured, encouraged, disciplined, and provided for them. They may benefit from taking on family responsibilities at an earlier age.¹⁶⁰ Healthy single parents often become resilient people who help their children learn how to adapt to life's challenges.¹⁶¹

PARENTING ALONE?

It's a big job. Take care of yourself, build relationships with other families, plan fun activities, and make memories. Don't blame yourself when you can't do it all. Instead, ask for help.

SHORT-TERM CARE

Temporary foster care is an option for some people who are unable to immediately raise their baby or make an adoption plan. In many states, parents can voluntarily place their child into care through a formal legal agreement, with the goal of resuming parenting responsibilities when they are able, usually within six months.¹⁶² The state may also intervene to remove a child from a home situation which may be unsafe.

An approved family member or trained foster family is assigned to care for the child on a short-term basis while the parent prepares to bring the child home. In many situations, the parent is able to regularly visit with the child during the placement.

UNABLE... RIGHT NOW?

It is important to understand your rights and responsibilities under state law before making a voluntary foster care placement decision.

I'LL STILL BE ABLE TO HAVE A BABY LATER, RIGHT?



Women who want to have a baby later in life should be aware of possible risks that abortion poses to future pregnancies.

Abortion & Placenta Previa

Placenta previa occurs when the placenta covers or partially covers the cervix. This can result in unpredictable massive bleeding that threatens the life of baby and mother, especially during labor. In addition to the risk of bleeding, it is associated with the risk of preterm birth and death early in infancy.¹²⁷ The risk of placenta previa is higher in women who, among other factors:¹²⁸

- Had a prior induced abortion (especially the D&C type)
- Are over 34 years old
- Had a prior C-section
- Had a prior placenta previa

Abortion & Prematurity

The research is clear: induced abortion significantly raises a woman's future risk of delivering a premature, "preemie" baby.¹²⁹ This risk exists for even one very early surgical abortion and increases with each additional one. Preemies have a higher risk of:¹³⁰

- Intellectual disability
- Autism
- Cerebral palsy
- Epilepsy
- Blindness
- Stomach problems
- Serious infections
- Deafness
- Brain hemorrhages
- Breathing problems

AM I AT RISK?

FOR EMOTIONAL OR PSYCHOLOGICAL PROBLEMS IF I CHOOSE ABORTION?¹³¹

Are any of these true for you??

- | | |
|--|---|
| <input type="checkbox"/> Being pressured or coerced to abort | <input type="checkbox"/> Want the pregnancy |
| <input type="checkbox"/> Have, or previously had, mental health problems before abortion | <input type="checkbox"/> Believe abortion is against my values |
| <input type="checkbox"/> Feeling very uncertain or having difficulty making the decision | <input type="checkbox"/> Have strong religious beliefs against abortion |
| <input type="checkbox"/> Past childhood sexual abuse or unresolved traumatic experiences | <input type="checkbox"/> Feel the need to keep the abortion a secret |
| <input type="checkbox"/> Lack of emotional/social support | <input type="checkbox"/> Feel attached to the pregnancy |

If you said "yes" to any of these, then you are at increased risk of having mental health problems after abortion.¹³² Evidence suggests that abortion does not reduce mental health risks for women pregnant unexpectedly and may actually increase those risks.¹³³ Having a risk factor doesn't mean you will get a certain condition, it just means that the possibility is greater compared to someone who does not have the risk factor.



INFORMED DECISION CHECKLIST

WHAT DO I NEED TO KNOW?

☐ AM I PREGNANT?

Pregnancy tests are not always accurate. Get your pregnancy confirmed by a medical professional. An ultrasound can tell if the baby is in the uterus and has a heartbeat and how far along you are.

☐ DO I UNDERSTAND THE POTENTIAL RISKS?

Every medical procedure, including abortion, carries the risk of complications. You have the legal right to give fully informed consent. You also have the right to get:

1. get an explanation of the abortion procedures available,
2. assess their risks and side effects, and
3. learn about other options for your pregnancy.

☐ HAVE I CONSIDERED ALTERNATIVES TO ABORTION?

Abortion may seem like the best fit for your current circumstances, but learning about other options you have is a good idea. Some women who initially consider abortion are ultimately delighted to be parenting a child. Others who are not comfortable choosing abortion but are not ready to raise a child, make an adoption plan.

☐ DO I KNOW WHAT TO DO IF I CHANGE MY MIND?

Abortion is your choice — you can change your mind at any time before the procedure starts. Women have gotten off the exam table and left. Some have changed their minds after taking the first set of pills for a medical abortion (see page 15). This is a decision that you will live with the rest of your life. Don't allow anyone to pressure you.

☐ DO I KNOW HOW THE CLINIC HANDLES COMPLICATIONS DURING THE PROCEDURE?

Ask if the abortion doctor has admitting privileges to a hospital nearby should you have an emergency. Make sure the clinic has a plan to provide any follow-up or emergency care, should complications arise during or after the procedure.

☐ HAVE I GOTTEN INFORMATION ABOUT THE ABORTION PROVIDER?

If you call to schedule an abortion, ask for the name of the doctor in charge. Find out if the doctor is licensed and board-certified. Also find out if there are malpractice cases or disciplinary actions against the doctor. You can check online at: <https://www.healthgrades.com/>

☐ ASK: WILL I FEEL PAIN?

People have different levels of tolerance for physical pain. One survey of women who had local anesthesia for abortion revealed that about half experienced "moderate to severe pain" and the other half, "none to mild pain."¹³⁴ You can gauge your response based on how you have handled pain in the past. Pain relief options available during the abortion usually include local anesthesia, sedation, and sometimes, general anesthesia.¹³⁵

☐ ASK: WHAT FEELINGS CAN I EXPECT AFTER THE ABORTION?

Many women experience initial relief, but months and even years later, some struggle with their decision. If this is you, visit www.PDL-Help.org to find a pregnancy center near you where trained and compassionate people are ready to help.

☐ DO I KNOW MY RIGHTS AS A MINOR?

No one can legally force you to have an abortion, including your parents.¹³⁶ The decision you make must be free, voluntary, independent, and non-coerced.¹³⁷ If you are being pressured to get an abortion you don't want, contact the police and your local pregnancy center for help, or call toll free: 210-614-7157

☐ HAVE I BEEN TESTED?

Have I been tested for sexually transmitted infections (STIs)? Any surgical procedure can be complicated by infection. You may be carrying an STI and not know it because they often do not have symptoms.¹³⁸ These infections can cause damage to your pelvic organs and lead to problems such as infertility and ectopic pregnancy.¹³⁹

I WOULDN'T GET INKED WITHOUT DOING MY RESEARCH,
Why let anything inside my body without getting all the facts?



Read Taylor's letter on the next page



Every human is given a purpose
and with that a mission.

WHAT ARE THE MEDICAL FACTS ABOUT HAVING A BABY?

Pregnancy is a natural process that is complex and full of wonder. From the elaborate details of DNA in a newly formed embryo, to the awe-inspiring passage of a full-sized infant through a 10 centimeter opening, human reproduction is nothing short of miraculous. Humanity has survived precisely because women have babies. We've come a long way from a century ago when giving birth was life-threatening for both mother and child. Modern medicine and good prenatal care have significantly reduced pregnancy risks. Today, most women reading this magazine can expect to experience safe and healthy pregnancies and deliveries.

BENEFITS

- Lower breast cancer risk, especially under age 30¹⁴⁰
- Lower ovarian & uterine cancer risk¹⁴¹
- Lower risk of death from all causes, including natural, accidents, suicide, & homicide¹⁴²
- Lower suicide risk compared to abortion & miscarriage¹⁴³
- Healthy habits are formed
- Additionally, breastfeeding reduces the risk of:¹⁴⁴
 - Type 2 diabetes
 - Breast cancer
 - Ovarian cancer
 - Postpartum depression

RISKS

The safety of giving birth greatly depends on the prenatal and delivery care a woman receives. Prenatal care allows medical professionals to recognize and treat complications. The overall maternal mortality ratio in the U.S. is 14 per 100,000 live births,¹⁴⁵ most due to complications associated with bleeding (25%),¹⁴⁶ preeclampsia/toxemia (5%),¹⁴⁷ thromboembolism,¹⁴⁸ or infection.¹⁴⁹ More than 30% of deliveries are done by C-section, which carries more risks than a vaginal birth.¹⁵⁰ In addition, obesity has emerged as an important risk factor for maternal complications.¹⁵¹

10 STEPS TO A HEALTHIER PREGNANCY¹⁵²

1. Start prenatal care early
2. Avoid smoking, alcohol, or illegal drug use
3. Make healthy food choices
4. Exercise regularly
5. Maintain a healthy weight & body mass index
6. Take prenatal vitamins
7. Get plenty of rest
8. Reduce stress
9. Visit your dentist
10. Have pregnancies before age 35¹⁵³

DID YOU KNOW

Many pregnancy centers offer parenting education and mentorship opportunities. They also provide assistance with finding prenatal care and planning for the next phase of your parenting journey. You can be a successful parent – and your local pregnancy center can help.



RAISING THE BABY

“What I thought would ruin my life has done the exact opposite. I'm a stronger, better, more successful person because of my son. No one will ever have the power to take away my strength.”